



Signage Request Form

Check applicable request below:

Install Handicap Parking Sign _____
Remove Handicap Sign _____
Deaf Child/Blind Person Area Sign _____
.

Applicant Information

Name of disabled person: _____
Address _____
Phone Number _____ (Daytime) _____ (Evening)

Additional Information

VA License Plate number: _____
Do you also own a disable parking placard? Yes _____ No _____
Indicate placard Id # _____
Physicians Name and Phone Number _____

Signature of Applicant: _____

Date of application: _____

Return completed form to:

City of Roanoke
Attn: Traffic Engineer I
Traffic Engineering Department
1802 Courtland Rd. N.E.
Roanoke, VA 24012
540.853.5887

For Department Use Only

Approved _____
Rejected _____

Comments

Reason for Rejection

Traffic Operations Supervisor: _____
Date: _____

THIS FORM WILL BE REVIEWED ANNUALLY